Sanctuary Care Limited

Shaftesbury House Residential Home

Inspection report

5 Cowper Street
Ipswich
Suffolk
IP4 5JD
Tel: 01473 271987
Website: www.sanctuary-group.co.uk/care/pages/home.aspx

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Shaftesbury House Residential Home provides accommodation and personal care for up to 28 older people, some living with dementia.

There were 28 people living in the service when we inspected on 9 November 2015. This was an unannounced inspection.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. There was a manager working in the service and they were in the process of completing their registered manager application.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments were in place to guide staff on how risks to people were minimised. People were provided with personalised care and support which was planned to meet their individual needs.

People, or their representatives, were involved in making decisions about their care and support. The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and met. Where concerns were identified about, for example a person's food intake, appropriate referrals had been made for specialist advice and support.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were able to work in the service.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. Recruitment of staff was completed to make sure that staff were able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good

Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Shaftesbury House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 November 2015, was unannounced and undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with nine people who used the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the manager, regional manager and four members of staff, including care, activities and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service.

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. Records and notification received from the service showed that appropriate referrals had been made to the local authority who were responsible for investigating concerns of abuse. Action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. For example, when an issue had occurred between people using the service, support and guidance was sought from other professionals regarding their mental health needs. Where issues had arisen, such as relating to medicines management, staff were provided with further training and guidance.

Care records included risk assessments which provided staff with guidance on how the risks to people in their daily living were minimised. This included risk associated with using mobility equipment, pressure ulcers, accidents and falls. The risk assessments in place corresponded with care plans which provided staff with further guidance on how risks were reduced. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People told us that there was enough staff available to meet their needs. Staff were attentive to people's needs and requests for assistance, including call bells, were responded to promptly. One person said, "I think there are enough staff, I never have to wait if I need anything."

The manager told us about how the service was staffed each day and this was confirmed by the records we reviewed. These were assessed and were reviewed if, for example, people's needs increased. The manager told us that the staffing levels were under review and they were in the process of employing more bank staff to call on if staff were on short notice leave, such as sickness. They were also increasing the numbers of night staff in the service. There was a tool in place to assess how many staff were required in line with people's dependency needs. During our inspection visit we saw that the staff on duty took action to call a staff member to cover another staff member's absence. This showed that appropriate action was taken to reduce the risks to people when there were not enough staff to meet their needs.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Risk assessments were in place where there had been issues identified throughout the recruitment process.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person pointed to a staff member and said that they, "Sorted it out." Another person commented, "I can't remember what they are for, but I know I am in safe hands."

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. Where people were prescribed with medicines that were to be administered when required (PRN), such as pain relief, there were protocols in place to guide staff when these medicines should be given. This meant that systems were in place to reduce the risks of people taking these medicines inappropriately. People's medicines, included controlled drugs, were kept safely but available to people when they were needed. Regular temperature checks were undertaken to make sure that medicines were stored safely. Medicines management was audited and where shortfalls or improvements were identified actions were taken to ensure that people were safe.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. We saw that the staff training in moving and handling was effective because staff assisted people to mobilise using the hoist safely and effectively.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Staff were knowledgeable about their work role, people's individual needs and how they were met.

Staff were provided with the training that they needed to meet people's requirements and preferences effectively. Records in place identified the training that staff had completed and when they were due to attend updated training. Where staff had not completed their training as required, there were notes in place to the staff with a target date for completion. Before staff were allowed to administer medicines they were required to undertake training and medicines competency tests to ensure this was done safely and effectively.

The manager told us about their plans for the new care certificate when new staff started working in the service. This showed that they had kept up to date with changes to training requirements in the care sector.

Staff felt supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their personal care needs, meals and to mobilise using the hoist.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. Discussions with the manager and records showed that where people did not have the capacity to consent to their care and treatment appropriate referrals had been made to ensure any restrictions were lawful. These records were kept in people's care plans to ensure that staff were aware of the DoLS in place. There was DoLS guidance in the staff room with a note to say that all staff should read it.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people, or their representatives where appropriate, to consent to the care provided as identified in their care plans.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. We saw people chose what they wanted to eat prior to their meal. Several choices were available at breakfast and we saw that people could have several courses if they chose to. One person said, when they were eating their breakfast, "I didn't used to like porridge before I came here, but I like the way they make it."

During lunch and breakfast people who chose to eat in the communal dining room sat together and chatted. This provided a positive social occasion. People were provided with a choice of drinks regularly throughout the day. One person told us, "I am alright here, as long as I get enough tea and biscuits I alright." We saw that they were provided with tea and biscuits when they asked for them, one staff member laughed and said, "You and your biscuits."

People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss or choking, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with drinks to supplement their calorie intake and appropriate foods for those who required a softer diet. We spoke with a member of the catering staff who were knowledgeable about people's specific needs and any guidance provided by health professionals. They showed us records which were kept in the kitchen which confirmed what they had told us.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "If I need one, they [staff] call the doctor

Good

Is the service effective?

in, they patch us up." Another person commented, "The doctor came in to see me, I think it was last week. I told the staff I was in pain and they got the doctor to come to see me."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “They are all kind.” Another commented, “I get on with them [staff], all good.”

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff. When staff assisted people to mobilise using equipment, such as hoists, they explained what they were doing and why. This was done in a caring manner and at a pace which people required.

There was a notice in the entrance hall to the service which showed that people could nominate a staff member and a person who used the service for the monthly kindness award. This recognised acts of kindness shown and these were celebrated.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person commented how old they were and liked to do as much as they could themselves, “I can still get to the toilet myself, I need to be doing things for myself.” They told us that the staff respected this but were available if they needed them. We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids and when they were eating their meals. We saw staff speaking with each other and making sure that a staff member walked with a person who had recently fallen. This showed that whilst respecting the person’s independence they also made sure they were safe.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. People said that they chose when they wanted to get up in the morning and go to bed at night. One person said, "I'm an early riser always have been, I let them [staff] know when I am ready and they help me." Another person said, "They [staff] look after us well." There were several cards and letters in a folder in the entrance hall of the service. These thanked the service for the care and support they had provided which showed that people's relatives had valued the service provided to their family member.

We spoke with one person who was sitting in the conservatory watching an antiques programme, when it was lunch time the programme was still on and staff asked if they wanted their meal in front of the television, which they did. The staff provided a table and their meal. This showed that the staff listened and responded to their choices.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met. This included how they communicated their needs, mobilised and their spiritual needs.

Records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs. A staff member told us about the resident of the day, which each person who used the service was identified for a day each month to include having their records reviewed and updated. The staff member said, "This is good makes sure everything is updated and not missed."

On our arrival to the service the manager was checking the records which showed how long it took for call bells to be answered. They said that the system had recently been installed and explained what they were checking for, including an increase in people calling for assistance and if there were any delayed responses. If any concerns were identified the manager told us they would check on people's wellbeing and advise staff on the expectations of responding to call bells promptly. There had been no issues arising, however, this showed that the service had systems in place to ensure that they were responsive to people's requests for assistance.

People told us that there were social events that they could participate in, both individual and group activities. Two people said that they had watched Remembrance Sunday on television and had been assisted to make sure that they could get their poppies to wear.

During our inspection we saw people participating in several activities, both on an individual and group basis. For example one person had initiated a sing a long which was joined in by staff and other people. This person showed they were enjoying this by laughing and starting different songs. People listened to and sang along with music, knitted, read and watched television. The activities staff had sourced items from a local museum, such as carbolic soap, water bottles and clothing. These were passed around people who handled the items and talked about their memories. People showed an interest in these items and there was lots of chatter about them. People also had their hair styled by the visiting hairdresser. One person told us that they chose to see their own hairdresser who had done their hair for a while. This showed that people's choices were respected.

Records showed when people had participated in activities in the service and there were records which identified when people had said they did not want to take part. There was a regular newsletter which people could have if they chose to. This included information about the service and puzzles, such as quizzes and crosswords.

People could have visitors when they wanted them. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people told us that they knew who to speak with if they needed to make a complaint. There were notices in the service which showed how people could have their say

Good

Is the service responsive?

about the service they were provided with. People were further provided with the opportunity to discuss the service provided in meetings attended by people who used the service and people's relatives.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. In regular meetings attended by the people who used the service, they were reminded of how to complain and asked if they had any concerns they wanted to discuss. There had been no complaints received in the service in the last 12 months. The manager told us that it had been identified in audits that no complaints had been received. This was confirmed in records. The manager understood the actions they should take if complaints were received. One person's relative told us that they had not made a formal complaint and when they had ever raised concerns these were addressed promptly. This meant that risks were addressed and the need for making formal complaints was reduced.

Good

Is the service well-led?

Our findings

The previous registered manager had left the service in October 2015. The provider had been swift in employing a new manager. This meant that the service was not left without an individual who was responsible for the day to day management of the service. The new manager told us that they felt supported by the provider and the regional manager. They understood their role and responsibilities in providing good quality care for the people who used the service.

There was an open culture in the service. People gave positive comments about the management and leadership of the service. People told us that they knew who the new manager was and one person said that they, "Seemed nice."

People were involved in developing the service and were provided with the opportunity to share their views. Regular satisfaction questionnaires were provided to people and their representatives to complete. The results of these were displayed in the service. The most recent questionnaires had not yet been analysed because they had only recently been done. A meeting was booked for the following week to discuss the responses with relatives. Records of previous questionnaires showed that an action plan was in place to show how people's comments were used to improve the service. These included trends and patterns, such as comparisons with previous results and why this may have happened. There were also meetings held for people's relatives, we saw from the minutes that they were encouraged to share their views and ideas for improving the service. This showed that people's comments were valued and used to improve the service.

Staff told us that they felt supported and listened to. Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff attended regular meetings and were kept updated with any changes in the service and provided a forum to share their views and ideas.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, infection control, falls and records. Incidents and near miss incidents were analysed and used to identify any trends and patters, for example with falls. Where shortfalls were identified actions were taken to address them. For example, providing further training and support for staff. This helped to make sure that people were safe and protected as far as possible from the risk of harm. The manager told us that the service was due for refurbishment as part of their ongoing improvements. Records confirmed what we had been told. When we spoke with people who used the service they were aware of the actions that were taking place.

Quality checks completed by the regional manager included action plans to address any shortfalls identified in their checks. These included dates for completion and were followed up at the next visit to ensure they were addressed. These checks incorporated the fundamental standards of care and the key lines of enquiry. This meant that the service's systems to monitor the quality of the service provided were robust and included the most recent guidance on best practice.